



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER
TECHNICAL REVIEW FORM**

**SURFACE WATER TREATMENT RULE
(N.J.A.C. 7:10-9.1 et seq.)**

Water Purveyor

PWSID#

Municipality

Type of treatment: ☐ Conventional (Coagulation, flocculation, sedimentation)
☐ Direct, slow sand, or DE filtration
☐ Other:

Plant capacity: _____

Type of media:

No. of filters: _____

Depth of media:

Filter Performance

	YES	NO	N/A
1. Is the plant designed so the effluent turbidity is less than 0.5 NTU?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a continuous turbidimeter provided on each filter? on the combined filter effluent?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Is the integrity of each turbidimeter verified at least once per day by check (grab) samples? Frequency: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are procedures in place for the evaluation of individual filters on a periodic basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are procedures in place to minimize turbidity spikes after backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a coagulant added at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disinfection Practices

1. Is the plant designed so as to maintain a residual greater than 0.2 mg/l leaving the plant at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a continuous chlorine analyzer/recorder provided on the plant effluent line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the integrity of the analyzer/recorder verified at least once per day by check (grab) samples? Frequency: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 4. Are procedures in place for taking residual readings in the distribution system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the location and frequency of the sample points in No. 4 above the same as that for the Total Coliform Rule? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CT Calculations

- Based on the type of treatment provided, what is the log credit for removal of :
Giardia? _____ - log
Viruses? _____ - log
- Based on the removal credit indicated in No. 1 above, what log inactivation is required for:
Giardia? _____ - log
Viruses? _____ - log
- From the CT tables, what is the required CT value for the plant? _____ mg-min/l
- What is the inactivation ratio, required log x ($CT_{\text{actual}} / CT_{\text{required}}$) for:
 summer temperatures and peak flow?
 winter temperatures and peak flow?

Attach calculations.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. Are the inactivation ratios greater than 1.0? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the plant capacity greater than 10 MGD? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, have plans for tracer studies on all basins which carry a chlorine residual been prepared? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***Submit appropriate engineering plans, specifications, reports, etc. to substantiate your answers. ***

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

Signature of Engineer
Professional Engineer's Embossed Seal

Date

N.J.P.E. #

Print Name of Engineering Firm